

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WALGREEN CO PAC

ADDRESS (number and street) ▼

104 WILMOT ROAD

MS #1459

☐ Check if different than previously reported. (ACC)

DEERFIELD

IL

60015

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00160770

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
10 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joel Baise

Signature of Treasurer

Joel Baise

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 12 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WALGREEN CO PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 10 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		72020.00
(b) Cash on Hand at Beginning of Reporting Period.....	38462.31	
(c) Total Receipts (from Line 19) .....	15771.55	178313.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54233.86	250333.86
7. Total Disbursements (from Line 31) .....	2800.00	198900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	51433.86	51433.86
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**WALGREEN CO PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14430.92	121983.17
(ii) Unitemized .....	1340.63	55680.69
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15771.55	177663.86
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15771.55	177663.86
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	650.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15771.55	178313.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15771.55	178313.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	187000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	300.00	11900.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2800.00	198900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2800.00	198900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15771.55	177663.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15771.55	177663.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. MARK ADAMCHIK**

Mailing Address 3485 IVY DR

City

MURRYSVILLE

State

PA

Zip Code

15668-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-262**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. STEVEN ADDANTE**

Mailing Address 240 COURSE DR

City

LAKE IN THE HILLS

State

IL

Zip Code

60156-4481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Sr Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-189**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. STEPHEN AJUZIE**

Mailing Address 22710 SABINE SMT

City

SAN ANTONIO

State

TX

Zip Code

78258-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacist Full Time

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-215**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

135.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY ANHORN**

Mailing Address 5 VALLEY VIEW DR

City  
CALIFONState  
NJZip Code  
07830-4101FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-137**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. ROY ARMSTRONG**

Mailing Address 26230 PLEASANT KNOLL LN

City  
CYPRESSState  
TXZip Code  
77433-2860FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-122**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. BRIAN ARNOLD**

Mailing Address 1677 N WOODS WAY

City  
VERNON HILLSState  
ILZip Code  
60061-1237FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-214**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. WILLIAM ARNOULT JR Jr.**

Mailing Address 4748 MEDALLION WAY

City

MASON

State

OH

Zip Code

45040-3832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-84**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. RICHARD ASHWORTH**

Mailing Address 70 TOURNAMENT DR N

City

HAWTHORN WOODS

State

IL

Zip Code

60047-8401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

SVP Pharmacy and Retail Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-159**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. HOWARD ATLAS**

Mailing Address 954 RUTHERFORD WAY

City

HIGHLANDS RANCH

State

CO

Zip Code

80126-4762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-99**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

330.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 76  
(check only one)

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. LISA BADGLEY**

Mailing Address 5 PLYMOUTH CT

City

LINCOLNSHIRE

State

IL

Zip Code

60069-3153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Corporate Operations Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-80**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. G BAISE**

Mailing Address 835 S SPRING AVE

City

LA GRANGE

State

IL

Zip Code

60525-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-244**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. JESSICA BASS**

Mailing Address 142 GRAYS LN

City

ELIZABETHTOWN

State

NC

Zip Code

28337-6341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-226**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

180.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. ERIK BAUCH**

Mailing Address 1810 HIDDEN HILL DR

City  
VERONAState  
WIZip Code  
53593-7974FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-96**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. CHARLES BERNARD**

Mailing Address 874 WRITER CT

City  
VERNON HILLSState  
ILZip Code  
60061-2302FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Corporate Operations Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-109**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. SANJAY BHANA**

Mailing Address 1845 272ND CT SE

City  
SAMMAMISHState  
WAZip Code  
98075-5989FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-23**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. JULIE BICKERS**

Mailing Address 531 INGLESIDE LN

City

O FALLON

State

IL

Zip Code

62269-4134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

343.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-54**

Amount of Each Receipt this Period

35.36

Full Name (Last, First, Middle Initial)

**B. THOMAS BOURDO JR Jr.**Mailing Address 345 GREENWICH ST  
APT 4B

City

NEW YORK

State

NY

Zip Code

10013-2884

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-46**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. NANCI BOWES**

Mailing Address 526 W DAYBREAK LN

City

ROUND LAKE

State

IL

Zip Code

60073-5696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Solutions Implementation Consulting Ma

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-83**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

135.36

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT BRALEY**

Mailing Address 737 TUNICA BND

City  
COVINGTON

State Zip Code  
LA 70433-4576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-3**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL BRANCATO JR Jr.**

Mailing Address 5450 W DESPERADO WAY

City  
PHOENIX

State Zip Code  
AZ 85083-7317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-47**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DARRON BRISCOE**

Mailing Address 4452 W WILSON AVE

City  
CHICAGO

State Zip Code  
IL 60630-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Director Pharmacy and Retail Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-79**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

## **A. AMOS BROWN**

Mailing Address 631 GOLF COURSE DR

City

ELIZABETHTON

State

TN

Zip Code

37643-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-221**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **B. VIVIAN BROWN**

Mailing Address 588 LONE TREE LN

City

SEQUIM

State

WA

Zip Code

98382-9070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-149**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. JEFFREY BRUNETEAU**

Mailing Address 929 PORTLAND AVE  
APT 2310

City

MINNEAPOLIS

State

MN

Zip Code

55404-1276

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-141**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. BRIAN BURCHELL**

Mailing Address 163 VINEGAR RIDGE RD

City

MADISONVILLE

State

TN

Zip Code

37354-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy &amp; Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-103**

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

**B. CURTIS BURGHARDT**

Mailing Address 3510 BUCKBOARD DR

City

ALGONQUIN

State

IL

Zip Code

60102-6369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Sr Human Resources Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-290**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. ROBERT BURTCH**

Mailing Address 3104 FOX HILL CIR

City

WAUKESHA

State

WI

Zip Code

53189-6849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Manager DS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-93**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

86.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL CALLERO**

Mailing Address 1306 E VARGO LN

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60004-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Customer Loyalty & Insights

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2015

Transaction ID : 201511061387-264

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. GREGORY CALVANO**

Mailing Address 52 5TH ST

City

WEST SAYVILLE

State

NY

Zip Code

11796-1102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Director Pharmacy and Retail Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2015

Transaction ID : 201511061387-266

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. LORI CASEY**

Mailing Address 2174 REPPUHN DR

City

BAY CITY

State

MI

Zip Code

48706-9464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Salaried Pharmacist Eight Shifts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2015

Transaction ID : 201511061387-277

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. JENNIFER CAUSEY**

Mailing Address 2804 COUNTRYWAY ST

City

DANVILLE

State

IL

Zip Code

61832-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Sr Accounting

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

761.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2015					

**Transaction ID : 201511061387-174**

Amount of Each Receipt this Period

76.16

Full Name (Last, First, Middle Initial)

**B. DEBBIE CHISOLM**

Mailing Address 18 TIMBERLINE DR

City

FARMINGTON

State

CT

Zip Code

06032-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2015					

**Transaction ID : 201511061387-19**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JULIE CIRIC**

Mailing Address 4520 WILSON RD

City

KENOSHA

State

WI

Zip Code

53142-3167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Operations C&amp;P

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2015					

**Transaction ID : 201511061387-201**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

201.16



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN COLAIZZI**

Mailing Address 704 KING RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-31**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. BRIAN CORDEIRO**Mailing Address 49 MARINE RD  
# 1

City

BOSTON

State

MA

Zip Code

02127-4002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Manager Walgreens Pharmacy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

483.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-12**

Amount of Each Receipt this Period

4.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM COVER**

Mailing Address 113 KRIDER DR

City

MIDDLEBURY

State

IN

Zip Code

46540-9033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Corp Mgr Gov &amp; Pharmacy Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-56**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

104.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)  
**A. JUSTIN COYLE**

Mailing Address 20975 SE 6TH PL

City State Zip Code  
SAMMAMISH WA 98074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : 201511061387-209

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)  
**B. JOHN CZYZ**

Mailing Address 611 RIVER OAKS LN

City State Zip Code  
ISLAND LAKE IL 60042-9661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Merchandising Systems Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : 201511061387-196

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)  
**C. DAVID DARNELL**

Mailing Address 277 SHADOW RIDGE DR

City State Zip Code  
JACKSON TN 38305-8511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacist Nights

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : 201511061387-105

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)  
**A. MICHELE DAVIDSON**

Mailing Address 8939 KAMLEA DR

City State Zip Code  
 MANASSAS VA 20110-5240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Walgreen Co. Mgr Pharmacy Tech Standards, Developme

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

Transaction ID : 201511061387-259

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)  
**B. SUSAN DELEO**

Mailing Address 4 MISTY LN

City State Zip Code  
 LONDONDERRY NH 03053-2675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Walgreen Co. Healthcare Supervisor

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 348.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

Transaction ID : 201511061387-10

Amount of Each Receipt this Period

35.88

Full Name (Last, First, Middle Initial)  
**C. DEREK DENNIS**

Mailing Address 509 E OLIVIA TER

City State Zip Code  
 MUSTANG OK 73064-4801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Walgreen Co. Healthcare Supervisor

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

Transaction ID : 201511061387-114

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.88

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. RICHARD DESECKI**

Mailing Address 9845 SORENG AVE

City

SCHILLER PARK

State

IL

Zip Code

60176-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Registered Store Manager On Site Pharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1203.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-62**

Amount of Each Receipt this Period

112.31

Full Name (Last, First, Middle Initial)

**B. DAWN DILULLO**

Mailing Address 849 S 4TH AVE

City

LIBERTYVILLE

State

IL

Zip Code

60048-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir HR Business Strategy &amp; Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-199**

Amount of Each Receipt this Period

73.81

Full Name (Last, First, Middle Initial)

**C. DOMENICO DIPRIMO**

Mailing Address 194 ANTHONY PL

City

WALDWICK

State

NJ

Zip Code

07463-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-27**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

211.12

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial) <b>A. JACKIE DONOVAN</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 31 / 2015</div> </div>	
Mailing Address <b>463 NORTHMOOR AVE N</b>		<b>Transaction ID : 201511061387-41</b>	
City <b>ST PETERSBURG</b>	State <b>FL</b>	Zip Code <b>33702-6818</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>20.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			
Name of Employer <b>Walgreen Co.</b>	Occupation <b>Healthcare Supervisor</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>220.00</div> </div>		
Full Name (Last, First, Middle Initial) <b>B. ANITA DOPKOSKY</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 31 / 2015</div> </div>	
Mailing Address <b>1710 SHADY KNOLL CT</b>		<b>Transaction ID : 201511061387-253</b>	
City <b>SEWICKLEY</b>	State <b>PA</b>	Zip Code <b>15143-8888</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>50.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			
Name of Employer <b>Walgreen Co.</b>	Occupation <b>National Pharmaceutical Account Direct</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>500.00</div> </div>		
Full Name (Last, First, Middle Initial) <b>C. CHAD DOWNING</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 31 / 2015</div> </div>	
Mailing Address <b>5066 CREEKMONTE DR</b>		<b>Transaction ID : 201511061387-50</b>	
City <b>ROCHESTER</b>	State <b>MI</b>	Zip Code <b>48306-4793</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			
Name of Employer <b>Walgreen Co.</b>	Occupation <b>Regional Healthcare Director</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>1000.00</div> </div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div> <div>Amount</div> <div>170.00</div> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div> <div>Amount</div> <div></div> </div>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 76  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. DANIEL DOYLE**

Mailing Address 30 ENDICOTT LN

City  
HIGHWOODState  
ILZip Code  
60040-2049FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

DVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-190**

Amount of Each Receipt this Period

47.72

Full Name (Last, First, Middle Initial)

**B. WILLIAM DRAKE**

Mailing Address PO BOX 697

City  
APOPKAState  
FLZip Code  
32704-0697FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Director Pharmacy and Retail Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-69**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. LEE DRISCOLL**

Mailing Address 5730 CAPELLA PARK DR

City  
SPRINGState  
TXZip Code  
77379-2478FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy &amp; Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-110**

Amount of Each Receipt this Period

58.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

156.05

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. JASON DUBINSKY**

Mailing Address 1156 CHERRY ST

City

DEERFIELD

State

IL

Zip Code

60015-2700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

SVP, CFO Planning &amp; Central Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-258**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. TINSEL DUKES**

Mailing Address 1013 JESSA CV

City

CORDOVA

State

TN

Zip Code

38018-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacist Multiple Locations Unassign

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1247.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-101**

Amount of Each Receipt this Period

145.56

Full Name (Last, First, Middle Initial)

**C. MICHAEL ELLIS**

Mailing Address 933 GLENHURST RD

City

KELLER

State

TX

Zip Code

76248-0376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Corp VP Home Care/Specialty

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-275**

Amount of Each Receipt this Period

416.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

762.22

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 76  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. KURT ERCHINGER**

Mailing Address 1459 MAIDSTONE DR

City

VERNON HILLS

State

IL

Zip Code

60061-1090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Sr Mobile Omnichannel &amp; Photo Deli

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-179**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH EUDY**

Mailing Address 902 OAK DR

City

MOREHEAD CITY

State

NC

Zip Code

28557-6263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-220**

Amount of Each Receipt this Period

37.50

Full Name (Last, First, Middle Initial)

**C. MICHAEL FEDERICO**

Mailing Address 2735 ASCOT DR

City

SAN RAMON

State

CA

Zip Code

94583-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-152**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

187.50

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. WAYNE FEEST**

Mailing Address 13651 SINGLETREE CT

City  
CARMELState  
INZip Code  
46032-9435FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-218**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. DIANE FEIGHTNER**

Mailing Address 1414 MASON DR

City  
ENIDState  
OKZip Code  
73703-9728FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-115**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. ROXANNE FLANAGAN**

Mailing Address 26801 N LONGWOOD RD

City  
LAKE FORESTState  
ILZip Code  
60045-1068FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

VP Pharmacy and Retail Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-49**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

155.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

## **A. BRADLEY FLUEGEL**

Mailing Address 11 E WALTON ST  
APT 4901

City State Zip Code  
CHICAGO IL 60611-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

VP Sr & Chief Strategy Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2015

**Transaction ID : 201511061387-283**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. KURT FOX**

Mailing Address 104 SPREADING OAK DR

City State Zip Code  
PAWLEYS ISLAND SC 29585-5206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy & Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2015

**Transaction ID : 201511061387-133**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. RICHARD GATES**

Mailing Address 3 DURHAM CT

City State Zip Code  
LAKE FOREST IL 60045-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

VP Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2015

**Transaction ID : 201511061387-134**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)  
**A. EDWARD GRANT**

Mailing Address 510 MCKENZIE CT

City State Zip Code  
 LAKE VILLA IL 60046-5742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Director, Engineering & Systems Integr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2015

**Transaction ID : 201511061387-195**

Amount of Each Receipt this Period

31.42

Full Name (Last, First, Middle Initial)  
**B. JOHN GRANT**

Mailing Address 1 N BISHOP ST  
 APT 6

City State Zip Code  
 CHICAGO IL 60607-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2015

**Transaction ID : 201511061387-71**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)  
**C. JOHN GREMER**

Mailing Address 11810 WILLOW RIDGE DR

City State Zip Code  
 WILLOW SPRINGS IL 60480-1135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Community Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2015

**Transaction ID : 201511061387-186**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

126.42

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. ANDREW GRISHAM**

Mailing Address 4546 COUNTY ROAD 408

City

MCKINNEY

State

TX

Zip Code

75071-0741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy &amp; Retail Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-125**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. SUSAN HALLIDAY**

Mailing Address 31 COLDSTREAM CIR

City

LINCOLNSHIRE

State

IL

Zip Code

60069-3910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Div VP Accounting Shared Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-260**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. SUZANNE HANSEN**Mailing Address 41 VALLEY ROAD  
WEST BRIDGEFORD

City

NOTTINGHAMSHIRE UK

State

OT

Zip Code

NG264G

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Director, Alliance Boots

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-139**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

## **A. PATRICK HARVEY**

Mailing Address 2002 RIVER RUN RD

City  
BELTON

State  
TX

Zip Code  
76513-1047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Strategic Account Manager Sr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 31 / 2015

Transaction ID : 201511061387-289

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. ROBERT HASTY**

Mailing Address 9912 FOX SPRINGS DR

City  
LAS VEGAS

State  
NV

Zip Code  
89117-0941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2015

Transaction ID : 201511061387-135

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. BEN HAWKINS III III**

Mailing Address 3954 ROYAL PINES DR

City  
ORANGE PARK

State  
FL

Zip Code  
32065-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy & Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2015

Transaction ID : 201511061387-39

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

## **A. KAYLA HEFFINGTON**

Mailing Address 70 LAKESIDE PL

City

HIGHLAND PARK

State

IL

Zip Code

60035-5315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-165**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. DANIEL HEIN**

Mailing Address 4388 PHILNOLL DR

City

CINCINNATI

State

OH

Zip Code

45247-5072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-45**

Amount of Each Receipt this Period

75.52

Full Name (Last, First, Middle Initial)

## **C. TIMOTHY HENNING**

Mailing Address 9 DEERFIELD LN

City

KATONAH

State

NY

Zip Code

10536-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

VP Govt & Employer Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-285**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 76  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC****A. MICHAEL HERNANDEZ**

Mailing Address 635 CARDINAL ST

City	State	Zip Code
MIAMI SPRINGS	FL	33166-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-171**

Amount of Each Receipt this Period

50.00

**B. KRISTIN HEWKO**

Mailing Address 501 CAHOON RD

City	State	Zip Code
BAY VILLAGE	OH	44140-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Salaried Pharmacist Eight Shifts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-43**

Amount of Each Receipt this Period

30.00

**C. LESLIE HIGGINS**

Mailing Address 73 SEA GRASS WAY

City	State	Zip Code
NORTH KINGSTOWN	RI	02852-4041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-15**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

## **A. GARRICK HODGE**

Mailing Address 37107 N BLACK VELVET LN

City

WADSWORTH

State

IL

Zip Code

60083-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Div VP Corp and Reg Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-194**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. PAUL HOLSTEIN**

Mailing Address 51 MAYFLOWER DR

City

NORTH ANDOVER

State

MA

Zip Code

01845-6229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy & Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.62

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-57**

Amount of Each Receipt this Period

58.33

Full Name (Last, First, Middle Initial)

## **C. EUGENE HOOVER**

Mailing Address 119 GUINEVERES RETREAT

City

FRANKLIN

State

TN

Zip Code

37067-6486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-102**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.33



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

**A. TODD HORTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 GENOA DR  
 City State Zip Code  
 REDWOOD CITY CA 94065-2824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Walgreen Co. Director Pharmacy and Retail Operation  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : 201511061387-121**

Amount of Each Receipt this Period

50.00

**B. MARLIN HUTCHENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13125 LAKE BUTLER BLVD  
 City State Zip Code  
 WINDERMERE FL 34786-7408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Walgreen Co. Regional Vice President  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : 201511061387-128**

Amount of Each Receipt this Period

100.00

**C. THOMAS ISBON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6649 CURRENT DR  
 City State Zip Code  
 APOLLO BEACH FL 33572-1544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Walgreen Co. District Manager Pharmacy & Retail Ops  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : 201511061387-123**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. ALETHIA JACKSON**

Mailing Address 3039 CHANCELLORS WAY NE

City	State	Zip Code
WASHINGTON	DC	20017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-276**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. ASHAKI JACKSON**

Mailing Address 19666 CLUB LAKE RD

City	State	Zip Code
MONTGOMERY VILLAGE	MD	20886-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Manager DS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-228**

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

**C. JACQUELYN JANUSKO**

Mailing Address 625 QUINCE RD

City	State	Zip Code
MONROEVILLE	PA	15146-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Manager DS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-233**

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

142.83

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

<b>A. NIMESH JHAVERI</b> Full Name (Last, First, Middle Initial) Mailing Address 22455 N HOPEWELL CT City KILDEER State IL Zip Code 60047-7925 FEC ID number of contributing federal political committee. C Name of Employer Walgreen Co. Occupation DVP Patient Products & Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015 <b>Transaction ID : 201511061387-169</b> Amount of Each Receipt this Period 50.00
<b>B. LIJO JOHN</b> Full Name (Last, First, Middle Initial) Mailing Address 135 ROSEWOOD AVE City SPRINGFIELD State NJ Zip Code 07081-4202 FEC ID number of contributing federal political committee. C Name of Employer Walgreen Co. Occupation Pharmacy Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015 <b>Transaction ID : 201511061387-245</b> Amount of Each Receipt this Period 60.00
<b>C. ADRIENNE JOHNSON</b> Full Name (Last, First, Middle Initial) Mailing Address 330 E 63RD ST APT 6H City NEW YORK State NY Zip Code 10065-7707 FEC ID number of contributing federal political committee. C Name of Employer Walgreen Co. Occupation District Manager Pharmacy & Retail Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.82		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015 <b>Transaction ID : 201511061387-68</b> Amount of Each Receipt this Period 61.25
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		171.25
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. ASHLEY KALCHTHALER**

Mailing Address 14588 W BECKER LN

City  
SURPRISEState  
AZZip Code  
85379-4303FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Director-HCC Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-239**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. EDWARD KALETA**

Mailing Address 2916 2ND ST N

City  
ARLINGTONState  
VAZip Code  
22201-1204FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Federal Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-273**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. JIM KAWASHIMA**

Mailing Address 8641 W ROWEL RD

City  
PEORIAState  
AZZip Code  
85383-3707FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Director Pharmacy and Retail Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-151**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

275.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**Full Name (Last, First, Middle Initial)  
**A. CHRISTOPHER KILLMEIER**

Mailing Address 3321 THRUSH RD

City	State	Zip Code
LOUISVILLE	KY	40213-1339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : 201511061387-100

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)  
**B. BROOKE KING**

Mailing Address 25575 METCALF RD

City	State	Zip Code
LOUISBURG	KS	66053-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : 201511061387-144

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)  
**C. JOSEPH KING**

Mailing Address 316 EDMONT LN

City	State	Zip Code
PARK RIDGE	IL	60068-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Analyst Sr HRIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : 201511061387-177

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial) <b>A. MORGAN KNIGHT</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div>
Mailing Address <b>4846 N CLARK ST</b> <b>APT 506</b>		<b>Transaction ID : 201511061387-207</b>
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60640-7924</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>31.83</b>
Name of Employer <b>Walgreen Co.</b>	Occupation <b>Dir Sr Engineering Supply Chain</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>318.30</b>	

Full Name (Last, First, Middle Initial) <b>B. TAMMIE KOELZ</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div>
Mailing Address <b>120 WATERVIEW RD</b> <b>APT 208</b>		<b>Transaction ID : 201511061387-168</b>
City <b>YOUNGSVILLE</b>	State <b>LA</b>	Zip Code <b>70592-5891</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>Walgreen Co.</b>	Occupation <b>Healthcare Supervisor</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. MARSHALL KOEN III</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div>
Mailing Address <b>2835 ANNANDALE DR</b>		<b>Transaction ID : 201511061387-124</b>
City <b>TROPHY CLUB</b>	State <b>TX</b>	Zip Code <b>76262-1195</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>Walgreen Co.</b>	Occupation <b>Regional Healthcare Director</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**156.83**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 76  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial) <b>A. ERIN KOVARIK</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-225</b>	
Mailing Address 133 EDGEWATER TRL			
City HOLLY SPRINGS	State GA	Zip Code 30115-1820	
FEC ID number of contributing federal political committee.		<div>C</div>	
Name of Employer Walgreen Co.	Occupation Pharmacist Full Time		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>462.00</div>		
Full Name (Last, First, Middle Initial) <b>B. JEFFREY KOZIEL</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-78</b>	
Mailing Address 22069 N GREENMEADOW DR			
City KILDEER	State IL	Zip Code 60047-8547	
FEC ID number of contributing federal political committee.		<div>C</div>	
Name of Employer Walgreen Co.	Occupation GVP Healthcare Clinics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>1500.00</div>		
Full Name (Last, First, Middle Initial) <b>C. CASEY KOZLOWSKI</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-118</b>	
Mailing Address 736 HIGHLAND AVE			
City BARRINGTON	State IL	Zip Code 60010-4521	
FEC ID number of contributing federal political committee.		<div>C</div>	
Name of Employer Walgreen Co.	Occupation Dir Diagnostic Testing - Product Devel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>692.30</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>282.23</div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div></div>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

**A. KERI KRATOFIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19520 MARSH POINT RUN  
 UNIT 101  
 City ESTERO State FL Zip Code 33928-6900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walgreen Co. Occupation Healthcare Supervisor  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : 201511061387-35**

Amount of Each Receipt this Period

25.00

**B. MATTHEW KRISKO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 SOUTH AVE  
 City VERONA State PA Zip Code 15147-1125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walgreen Co. Occupation Manager DS  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 254.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : 201511061387-254**

Amount of Each Receipt this Period

26.03

**C. RYAN KRUGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2828 E WOODFORD ST  
 City SPRINGFIELD State MO Zip Code 65804-7545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walgreen Co. Occupation Director Pharmacy and Retail Operation  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 746.11

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : 201511061387-73**

Amount of Each Receipt this Period

76.75

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

127.78



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**Full Name (Last, First, Middle Initial)  
**A. DANIEL KWASIGROCH**

Mailing Address 10001 SANDBURG CT

City	State	Zip Code
PALOS PARK	IL	60464-1662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Program Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : 201511061387-187

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)  
**B. KINGMAN KWOK**

Mailing Address 1206 SLEEPY HOLLOW LN

City	State	Zip Code
MILLBRAE	CA	94030-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Mgr Hourly California

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : 201511061387-91

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)  
**C. LEO LARIVIERE**

Mailing Address 58 TUM A LUM CIR

City	State	Zip Code
WESTERLY	RI	02891-3156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : 201511061387-11

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

## **A. SCOTT LARSEN**

Mailing Address 300 W HARGETT ST  
UNIT 716

City State Zip Code  
RALEIGH NC 27601-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-131**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. CONNIE LATTA**

Mailing Address 4 TORREY PINES WAY

City State Zip Code  
BRENTWOOD TN 37027-8945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-104**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. ALICIA LEHMAN**

Mailing Address 16 LINDER ST

City State Zip Code  
HOMOSASSA FL 34446-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacist Full Time

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-22**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)  
**A. GEORGIA LEHOCZKY**

Mailing Address 4301 SW 102ND AVE

City State Zip Code  
 DAVIE FL 33328-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2015

Transaction ID : 201511061387-20

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)  
**B. ROGER LEMKE**

Mailing Address 8881 MARLAMOOD LN

City State Zip Code  
 WEST PALM BEACH FL 33412-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy & Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2015

Transaction ID : 201511061387-25

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)  
**C. RICCI LEONARDI**

Mailing Address 7 SHOREACRES DR

City State Zip Code  
 HAWTHORN WOODS IL 60047-8447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Medicare Program Development and P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2015

Transaction ID : 201511061387-180

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

**A. IAN LIU**  
Full Name (Last, First, Middle Initial)

Mailing Address 27233 N 91ST DR

City PEORIA State AZ Zip Code 85383-5118

FEC ID number of contributing federal political committee. **C**

Name of Employer Walgreen Co. Occupation Director Pharmacy and Retail Operation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-127**

Amount of Each Receipt this Period

100.00

**B. ELIA LOPEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1331 HARROGATE SPRINGS RD

City WETUMPKA State AL Zip Code 36093-2353

FEC ID number of contributing federal political committee. **C**

Name of Employer Walgreen Co. Occupation District Manager Pharmacy & Retail Ops

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 268.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-63**

Amount of Each Receipt this Period

26.46

**C. DANIEL LUCE**  
Full Name (Last, First, Middle Initial)

Mailing Address W330N6075 HASSLINGER DR

City NASHOTAH State WI Zip Code 53058-9733

FEC ID number of contributing federal political committee. **C**

Name of Employer Walgreen Co. Occupation Dir Pharmacy Affairs

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-204**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

151.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)  
**A. KEVIN LUTHER**

Mailing Address 603 SYCAMORE DR

City State Zip Code  
 SAINT JOSEPH IL 61873-8419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy & Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2015

**Transaction ID : 201511061387-138**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)  
**B. MICHAEL LYONS**

Mailing Address 1655 GLADE DR SW

City State Zip Code  
 ALTOONA IA 50009-1140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2015

**Transaction ID : 201511061387-231**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)  
**C. JEFFREY MANHARDT**

Mailing Address 20 WADSWORTH TER

City State Zip Code  
 CRANFORD NJ 07016-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Mgr Sr Corporate Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2015

**Transaction ID : 201511061387-269**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial) <b>A. JOHN MANN</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015 <b>Transaction ID : 201511061387-248</b>	
Mailing Address 1409 ROYAL OAK LN		Amount of Each Receipt this Period 104.17	
City GLENVIEW	State IL	Zip Code 60025-3162	
FEC ID number of contributing federal political committee. C			
Name of Employer Walgreen Co.	Occupation VP US Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.70		
Full Name (Last, First, Middle Initial) <b>B. KAYWAN MANSUBI</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015 <b>Transaction ID : 201511061387-250</b>	
Mailing Address 15475 MONTE VISTA DR		Amount of Each Receipt this Period 50.00	
City SARATOGA	State CA	Zip Code 95070-6216	
FEC ID number of contributing federal political committee. C			
Name of Employer Walgreen Co.	Occupation Hourly Pharmacist Unassigned Multiple		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>C. TIMOTHY MCCAULEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015 <b>Transaction ID : 201511061387-185</b>	
Mailing Address 1414 ASHLAND AVE		Amount of Each Receipt this Period 85.00	
City EVANSTON	State IL	Zip Code 60201-4042	
FEC ID number of contributing federal political committee. C			
Name of Employer Walgreen Co.	Occupation Dir Sr IT (Rx Renewal)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		239.17	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. SEAN MCGONAGLE**

Mailing Address 5 POPLAR CT

City

BUFFALO GROVE

State

IL

Zip Code

60089-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Director, Engineering & Systems Integr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-178**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER MCLAURIN**

Mailing Address 601 PROSPERITY PL

City

BRANDON

State

MS

Zip Code

39042-6069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-211**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. MARY MCLEOD**

Mailing Address 4249 SUSSEX ST

City

WEST LINN

State

OR

Zip Code

97068-3725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Healthcare Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-216**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

92.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

## **A. KARL MEEHAN**

Mailing Address 1153 HUMMINGBIRD LN

City  
GRAYSLAKE

State Zip Code  
IL 60030-3409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Sr Health Systems Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1684.70

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-170**

Amount of Each Receipt this Period

168.47

Full Name (Last, First, Middle Initial)

## **B. PIERRE MERCIER**

Mailing Address 2329 HUDSON TER  
APT D15

City  
FORT LEE

State Zip Code  
NJ 07024-7963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Duane Reade Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-229**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

## **C. WILLIAM MILLER**

Mailing Address 1701 LAKEVIEW TER

City  
LIBERTYVILLE

State Zip Code  
IL 60048-4813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

VP Retail Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-140**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

358.47



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

<p>Full Name (Last, First, Middle Initial)  <b>A. TROY MILLS</b></p> <p>Mailing Address 712 MOFFETT RD</p> <p>City State Zip Code          LAKE BLUFF IL 60044-2130</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Walgreen Co. Div VP Customer Care Operations</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          1500.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          10 31 2015  <b>Transaction ID : 201511061387-270</b></p> <p>Amount of Each Receipt this Period          150.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. CHRISTINA MULLER</b></p> <p>Mailing Address 1884 BEEKMAN ST</p> <p>City State Zip Code          DANIEL ISLAND SC 29492-8137</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Walgreen Co. District Manager Pharmacy &amp; Retail Ops</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          500.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          10 31 2015  <b>Transaction ID : 201511061387-208</b></p> <p>Amount of Each Receipt this Period          50.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. GREG MYERS</b></p> <p>Mailing Address 4887 RED BRICK RUN</p> <p>City State Zip Code          SANFORD FL 32771-7110</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Walgreen Co. Director Pharmacy and Retail Operation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          500.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          10 31 2015  <b>Transaction ID : 201511061387-42</b></p> <p>Amount of Each Receipt this Period          50.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p>250.00</p>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)  
**A. MARCEL NADDAF**

Mailing Address 481 CHUKKER VLY

City State Zip Code  
 ELLISVILLE MO 63021-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : 201511061387-126**

Amount of Each Receipt this Period

78.88

Full Name (Last, First, Middle Initial)  
**B. ALAN NIELSEN**

Mailing Address 1263 WILLIAMSBURG LN

City State Zip Code  
 CRYSTAL LAKE IL 60014-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

SVP CFO Walgreen Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : 201511061387-197**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)  
**C. DEBRA NOTTINGHAM**

Mailing Address 305 PERRY CT

City State Zip Code  
 SYCAMORE IL 60178-3013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Manager DS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : 201511061387-72**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

238.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial) <b>A. ANNA OHERREN</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-112</b>	
Mailing Address 1 AZALEA LN  City NASHUA State NH Zip Code 03062-1893		Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Walgreen Co. Occupation Director Pharmacy and Retail Operation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>	
Full Name (Last, First, Middle Initial) <b>B. ROBERT ONEAL</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-282</b>	
Mailing Address 1403 ANGLE TARN WEST DUNDEE  City WEST DUNDEE State IL Zip Code 60118-3159		Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Walgreen Co. Occupation Dir Organizational Design			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>	
Full Name (Last, First, Middle Initial) <b>C. KENNETH ORVIS</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-120</b>	
Mailing Address 2001 HOLLEY PKWY APT 1600  City ROANOKE State TX Zip Code 76262-4487		Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Walgreen Co. Occupation Regional Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1000.00</div> </div>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div> <div>200.00</div> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div> <div></div> </div>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. JAMES OTTON**

Mailing Address 7611 AQUATIC DR

City

ARVERNE

State

NY

Zip Code

11692-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy &amp; Retail Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-268**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. TARRA PALYOK**

Mailing Address 2200 DUNGIVEN CT

City

GARNER

State

NC

Zip Code

27529-5053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy &amp; Retail Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-234**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. GREGORY PARAMANTGIS**

Mailing Address 13 OSPREY TER

City

PORTLAND

State

ME

Zip Code

04103-4710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy &amp; Retail Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-53**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 76  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC****A. STEVEN PASHKO**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 MAPLE LN

City	State	Zip Code
SUTTON	MA	01590-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-8**

Amount of Each Receipt this Period

84.00

**B. JAMES PELOQUIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 SILVERTREE CROSSING

City	State	Zip Code
MADISON	MS	39110-7418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Director Pharmacy and Retail Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-60**

Amount of Each Receipt this Period

50.00

**C. DONOVAN PEPPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 514 CLARENCE AVE

City	State	Zip Code
OAK PARK	IL	60304-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-227**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

234.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)  
**A. LAURA PETTY**

Mailing Address 6500 N HENNY RD

City State Zip Code  
JONES OK 73049-6149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy & Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : 201511061387-116

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)  
**B. LINDA PHAM-HUYNH**

Mailing Address 1302 LAMONTE CT

City State Zip Code  
SUGAR LAND TX 77479-6622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : 201511061387-158

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)  
**C. CATHERINE PODVIN**

Mailing Address 825 DUNEDIN DR

City State Zip Code  
ROCHESTER HILLS MI 48309-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Mgr Field HR & Talent Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : 201511061387-257

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL POLZIN**

Mailing Address 35 CHESTNUT TER

City

BUFFALO GROVE

State

IL

Zip Code

60089-6620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Div VP Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

852.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2015					

**Transaction ID : 201511061387-203**

Amount of Each Receipt this Period

85.21

Full Name (Last, First, Middle Initial)

**B. KATHERINE POULOS**

Mailing Address 1125 WOOD RD

City

MURPHYSBORO

State

IL

Zip Code

62966-6032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2015					

**Transaction ID : 201511061387-222**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. JESSICA PUCKETT BEASLEY**

Mailing Address 2799 COLLAROY ROAD

City

WAXHAW

State

NC

Zip Code

28173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2015					

**Transaction ID : 201511061387-38**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

315.21

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. SANDRA PUPO-RODRIGUEZ**

Mailing Address 6910 N COOLIDGE AVE

City  
TAMPAState  
FLZip Code  
33614-3829FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacist Full Time

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-223**

Amount of Each Receipt this Period

37.50

Full Name (Last, First, Middle Initial)

**B. JAMES REED JR Jr.**

Mailing Address 5836 TOVA CIR

City

MACUNGIE

State

PA

Zip Code

18062-8460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy &amp; Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-32**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. KRIS REIFEL**

Mailing Address 7999 HIGHWAY D

City

BATES CITY

State

MO

Zip Code

64011-8489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Salaried Pharmacist Eight Shifts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-246**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

117.50

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. JONATHAN REITZ**

Mailing Address 836 APPLETREE LN

City

DEERFIELD

State

IL

Zip Code

60015-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Sr HCC Ops Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-34**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. PAUL RENGERING**

Mailing Address 132 SOUTHVIEW DR

City

HOOVER

State

AL

Zip Code

35244-6760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Director Pharmacy and Retail Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-48**

Amount of Each Receipt this Period

76.75

Full Name (Last, First, Middle Initial)

**C. SHAWN RICE**

Mailing Address 15070 SURREY BND

City

SPRING HILL

State

FL

Zip Code

34609-9517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-9**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

156.75

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

<p>Full Name (Last, First, Middle Initial)  <b>A. ROY RIPAK</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-17</b> </p>		
<p>Mailing Address 19337 WATERS EDGE ST</p>			<p>Amount of Each Receipt this Period  <div> <div>250.00</div> </div> </p>		
<p>City WESTON</p>	<p>State FL</p>	<p>Zip Code 33332-2511</p>			
<p>FEC ID number of contributing federal political committee. <b>C</b></p>					
<p>Name of Employer Walgreen Co.</p>		<p>Occupation Regional Vice President</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div>250.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. ROBERT ROSCOE</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-188</b> </p>		
<p>Mailing Address 1209 COLUMBIAN AVE</p>			<p>Amount of Each Receipt this Period  <div> <div>25.00</div> </div> </p>		
<p>City OAK PARK</p>	<p>State IL</p>	<p>Zip Code 60302-1227</p>			
<p>FEC ID number of contributing federal political committee. <b>C</b></p>					
<p>Name of Employer Walgreen Co.</p>		<p>Occupation Div VP Asset Development</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div>250.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. CAROL ROSS</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-217</b> </p>		
<p>Mailing Address 3052 PRESERVE LANDING DR</p>			<p>Amount of Each Receipt this Period  <div> <div>37.50</div> </div> </p>		
<p>City JACKSONVILLE</p>	<p>State FL</p>	<p>Zip Code 32226-4459</p>			
<p>FEC ID number of contributing federal political committee. <b>C</b></p>					
<p>Name of Employer Walgreen Co.</p>		<p>Occupation Pharmacist Multiple Locations Unassign</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div>275.00</div> </div> </p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div> <div>87.50</div> </div>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div> <div></div> </div>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 59 OF 76  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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 NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial) <b>A. NAZNEEN SALEEM</b>	
Mailing Address 1 WINDSOR DR	
City OAK BROOK	State IL Zip Code 60523-2340
FEC ID number of contributing federal political committee. C	
Name of Employer Walgreen Co.	Occupation DVP Corporate Innovation & Continuous
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : 201511061387-288

Amount of Each Receipt this Period

50.00
-------

Full Name (Last, First, Middle Initial) <b>B. ADAM SAN MIGUEL</b>	
Mailing Address 40151 N GERSHWIN DR	
City ANTHEM	State AZ Zip Code 85086-6003
FEC ID number of contributing federal political committee. C	
Name of Employer Walgreen Co.	Occupation Director Pharmacy and Retail Operation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : 201511061387-161

Amount of Each Receipt this Period

100.00
--------

Full Name (Last, First, Middle Initial) <b>C. NIVIA SANTIAGO</b>	
Mailing Address 555 CALLE MONSERRATE COND. COSMOPOLITAN APT 604	
City SANTURCE	State PR Zip Code 00907-2633
FEC ID number of contributing federal political committee. C	
Name of Employer Walgreen Co.	Occupation Regional Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : 201511061387-155

Amount of Each Receipt this Period

50.00
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**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00
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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. DENISE SCARPELLI**

Mailing Address 8535 GROVE ST

City

MORTON GROVE

State

IL

Zip Code

60053-2288

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-77**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. KEVIN SCHMIDT**

Mailing Address 3073 EXETER DR

City

MILFORD

State

MI

Zip Code

48380-3237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-107**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. SCOTT SCHULER**

Mailing Address 17888 W POND RIDGE CIR

City

GURNEE

State

IL

Zip Code

60031-4589

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Div VP Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-175**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

325.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. TAMMIE SCOTT**

Mailing Address 113 E AUGUSTA PL

City  
GREENVILLEState  
SCZip Code  
29605-1001FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Director Pharmacy and Retail Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-106**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MATTHEW SESTO**

Mailing Address 17926 N 97TH PL

City  
SCOTTSDALEState  
AZZip Code  
85255-2499FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-94**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. SNEHAL SHAH**

Mailing Address 1002 CUMBERLAND CT

City  
VERNON HILLSState  
ILZip Code  
60061-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Sr. Dir Corporate PMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-251**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

130.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

## **A. AMY SHAPPERT**

Mailing Address 509 MAWMAN AVE

City  
LAKE BLUFF

State Zip Code  
IL 60044-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1411.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-238**

Amount of Each Receipt this Period

141.13

Full Name (Last, First, Middle Initial)

## **B. DEBORAH SHEFRIN**

Mailing Address 2020 N LINCOLN PARK W  
APT 6F

City  
CHICAGO

State Zip Code  
IL 60614-4736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-219**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. REUBEN SLONE**

Mailing Address 11 LAKEWOOD DR

City  
BANNOCKBURN

State Zip Code  
IL 60015-1257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

VP Sr Supply Chain Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-280**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

266.13

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

## **A. THOMAS SONDERGELD**

Mailing Address 1362 N CRABTREE DR

City

PALATINE

State

IL

Zip Code

60067-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

VP, Global Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-278**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. TIMOTHY STEPP**

Mailing Address 104 E CUNNINGHAM DR

City

PALATINE

State

IL

Zip Code

60067-2776

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir IT (Inventory Mgt)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-184**

Amount of Each Receipt this Period

66.21

Full Name (Last, First, Middle Initial)

## **C. MICHELLE STORM**

Mailing Address 250 S PASADENA AVE  
UNIT 4070

City

PASADENA

State

CA

Zip Code

91105-1874

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy & Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-65**

Amount of Each Receipt this Period

29.17

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. LYNN STOVER**

Mailing Address 24571 E ONTARIO DR

City  
AURORAState  
COZip Code  
80016-4124FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Healthcare Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-166**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. EDIE SWAGGARD-GREEN**

Mailing Address 9980 DEVONSHIRE ST

City  
DOUGLASVILLEState  
GAZip Code  
30135-8184FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-243**

Amount of Each Receipt this Period

63.00

Full Name (Last, First, Middle Initial)

**C. RONAK TALATI**

Mailing Address 265 POST OAK CIR

City  
WEST CHICAGOState  
ILZip Code  
60185-5961FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-74**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

183.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)  
**A. PAUL TIBERIO**

Mailing Address **525 CHICAGO AVE**  
**UNIT E**

City **EVANSTON** State **IL** Zip Code **60202-2904**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Walgreen Co.** Occupation **Div VP Market Localization and Non-Mai**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt

**10 / 31 / 2015**

**Transaction ID : 201511061387-267**

Amount of Each Receipt this Period

**100.00**

Full Name (Last, First, Middle Initial)  
**B. CRAIG TIPTON**

Mailing Address **9114 COCHRAN HEIGHTS DR**

City **DALLAS** State **TX** Zip Code **75220-5034**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Walgreen Co.** Occupation **Pharmacy Manager**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**315.00**

Date of Receipt

**10 / 31 / 2015**

**Transaction ID : 201511061387-256**

Amount of Each Receipt this Period

**30.00**

Full Name (Last, First, Middle Initial)  
**C. LORINDA TISDELL**

Mailing Address **2801 N OAKLEY AVE**  
**APT 505**

City **CHICAGO** State **IL** Zip Code **60618-8092**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Walgreen Co.** Occupation **Executive Director Pharmacy Operations**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt

**10 / 31 / 2015**

**Transaction ID : 201511061387-119**

Amount of Each Receipt this Period

**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**280.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT TOMPKINS**

Mailing Address 1450 NORTH AVE

City

BANNOCKBURN

State

IL

Zip Code

60015-2075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Group VP &amp; Gen Merchandise Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-191**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. KIMBERLEY TREECE**

Mailing Address 326 TWIN RIVER DR

City

COVINGTON

State

LA

Zip Code

70433-8504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-206**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MAXIMILIANO TROTZ**

Mailing Address 18 DORAL DR

City

HAWTHORN WOODS

State

IL

Zip Code

60047-8432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Div Merchandise Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-37**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. PATRICK TUPA**

Mailing Address 808 SHERIDAN RD

City  
EVANSTONState  
IL Zip Code  
60202-2513FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

DIR SR RETAIL REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-193**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. PRESTON TURNER**

Mailing Address 24053 N 5 MILE RD

City  
FORT GIBSONState  
OK Zip Code  
74434-5842FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-240**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. STEVEN TURNER**

Mailing Address 6313 BOBBY JONES LN

City  
WOODRIDGEState  
IL Zip Code  
60517-5403FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Sr IT (Infrastructure)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-261**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

225.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. BRAD ULRICH**

Mailing Address 9 CONNELLY HILL RD

City  
HOPKINTONState  
MA Zip Code  
01748-2590FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-81**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MICKI UNKRICH**

Mailing Address 1534 MAPLE AVE

City  
NORTHBROOKState  
IL Zip Code  
60062-5475FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Dir Sr Compliance Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-247**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MARK VAINISI**

Mailing Address 710 ESSEX CT

City  
GLEN ELLYNState  
IL Zip Code  
60137-3915FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

SVP, Mergers &amp; Acquisitions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : 201511061387-224**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

225.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 76  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial) <b>A. ROBERTO VALENCIA</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div>	
Mailing Address 21080 N TREE RD			<b>Transaction ID : 201511061387-76</b>	
City KILDEER	State IL	Zip Code 60047-9334	Amount of Each Receipt this Period <div> <div>139.82</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer Walgreen Co.		Occupation Corporate Operations Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1398.20</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. KRISTEN VARGAS</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div>	
Mailing Address 5575 COMMONS LN			<b>Transaction ID : 201511061387-136</b>	
City ALPHARETTA	State GA	Zip Code 30005-6776	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer Walgreen Co.		Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1000.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. MYRIAM VILLARD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div>	
Mailing Address 13887 80TH LN N			<b>Transaction ID : 201511061387-30</b>	
City WEST PALM BEACH	State FL	Zip Code 33412-2344	Amount of Each Receipt this Period <div> <div>30.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer Walgreen Co.		Occupation Temporary Pharmacy Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>220.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

269.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial) <b>A. KEVIN WALGREEN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-66</b>	
Mailing Address 120 S SHERIDAN RD			Amount of Each Receipt this Period <div> <div>416.00</div> </div>	
City LAKE FOREST	State IL	Zip Code 60045-3211		
FEC ID number of contributing federal political committee. C				
Name of Employer Walgreen Co.		Occupation VP Customer and Community Outreach		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>4160.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. LORRI WALMSLEY</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-44</b>	
Mailing Address 2139 N NANCY LN			Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
City CASA GRANDE	State AZ	Zip Code 85122-6103		
FEC ID number of contributing federal political committee. C				
Name of Employer Walgreen Co.		Occupation Healthcare Supervisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>2500.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. JAMES WARD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 31 / 2015</div> </div> <b>Transaction ID : 201511061387-26</b>	
Mailing Address 39 MILL POND RD			Amount of Each Receipt this Period <div> <div>25.00</div> </div>	
City WOODLAND PARK	State NJ	Zip Code 07424-2989		
FEC ID number of contributing federal political committee. C				
Name of Employer Walgreen Co.		Occupation Healthcare Supervisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>275.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

691.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. SHANNON WEDEKIND**

Mailing Address 13119 LAKESHORE GROVE DR

City

WINTER GARDEN

State

FL

Zip Code

34787-5459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Reg Manager Central Pharmacy Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 31 / 2015

Transaction ID : 201511061387-160

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. JAMES WEEAST**

Mailing Address 1421 ASHLAND AVE

City

EVANSTON

State

IL

Zip Code

60201-4041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Div VP CIO Pharmacy Health & Wellness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 31 / 2015

Transaction ID : 201511061387-271

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. ROBIN WHEELER**

Mailing Address 8531 MANSFIELD AVE

City

PHILADELPHIA

State

PA

Zip Code

19150-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Registered Store Manager On Site Pharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

10 / 31 / 2015

Transaction ID : 201511061387-164

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 72 OF 76  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. KAY WHITE**

Mailing Address 3300 IVY CREEK RD

City  
GASTONIAState  
NCZip Code  
28056-0304FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacist Non-Exempt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-212**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL WHITE**

Mailing Address 3070 EAGLE VALLEY DR

City  
WOODBURYState  
MNZip Code  
55129-4268FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

District Manager Pharmacy &amp; Retail Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-75**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. MICHAEL WIENER**

Mailing Address 669 ASPEN DR

City  
BUFFALO GROVEState  
ILZip Code  
60089-1310FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : 201511061387-67**

Amount of Each Receipt this Period

55.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

214.17

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 76  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial) <b>A. MICHAELA WILLIAMS</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015 <b>Transaction ID : 201511061387-130</b>	
Mailing Address 961 RED OAK CIR			Amount of Each Receipt this Period 85.00	
City VERNON HILLS	State IL	Zip Code 60061-2213		
FEC ID number of contributing federal political committee. C				
Name of Employer Walgreen Co.		Occupation Director Pharmacy and Retail Operation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00		
Full Name (Last, First, Middle Initial) <b>B. JAMES WOOD</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015 <b>Transaction ID : 201511061387-286</b>	
Mailing Address 1509 TIN CUP CT UNIT 201			Amount of Each Receipt this Period 25.00	
City PANAMA CITY BEACH	State FL	Zip Code 32413-8426		
FEC ID number of contributing federal political committee. C				
Name of Employer Walgreen Co.		Occupation National Account Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
Full Name (Last, First, Middle Initial) <b>C. ROBERT WOOD</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015 <b>Transaction ID : 201511061387-92</b>	
Mailing Address 328 NIAGARA AVE			Amount of Each Receipt this Period 20.00	
City SHEBOYGAN	State WI	Zip Code 53081-4128		
FEC ID number of contributing federal political committee. C				
Name of Employer Walgreen Co.		Occupation Pharmacist Full Time		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			130.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

## **A. CECILE XAVIER**

Mailing Address 370 ALISHA DR

City

ROSSVILLE

State

TN

Zip Code

38066-3461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Director Pharmacy and Retail Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-13**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. DEBORAH ZIELINSKI**

Mailing Address 9250 WILLOW LN

City

MOKENA

State

IL

Zip Code

60448-9335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-85**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. GREGORY ZINIS**

Mailing Address 508 DIAMOND PLUM CIR  
APT 202

City

VIRGINIA BEACH

State

VA

Zip Code

23452-8376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen Co.

Occupation

Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : 201511061387-249**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

170.00

**TOTAL** This Period (last page this line number only)..... ►

14430.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WALGREEN CO PAC**

Full Name (Last, First, Middle Initial)

**A. McHenry for Congress**

Mailing Address PO Box 2165

City	State	Zip Code
Gastonia	NC	28053-2165

Purpose of Disbursement  
2016 Primary

Candidate Name

**Patrick Timothy McHenry**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

**Transaction ID : 4524E8BF12E61F58746**

Amount of Each Disbursement this Period

2500.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
---------

2500.00
---------

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

WALGREEN CO PAC

### A. Texas Retailers Association PAC

Date of Disbursement

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D02' and has two pins labeled 'D'. The third connector is labeled 'Y2015' and has four pins labeled 'Y'.

Transaction ID : 6298F0340EE7E24EDBB

011

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

300.00

Date of Disbursement

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

Category/  
Type

\_\_\_\_\_

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

300.00

300.00